



FORM  
GD1  
(Rev. 5/2013)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

13 JUN 14 P3:49

STATE OF HAWAII  
STATE ETHICS COMMISSION

## FILER

Aila, Jr.

Last Name

William

First Name

J.

M.I.

Dept. of Land & Natural Resources

State Agency

Chairperson

State Position

## CONTACT INFORMATION

DLNR

Chairpersons Office

Number and Street or P.O. Box

1151 Punchbowl Street

City

HI

State

96813

Zip Code

(808) 587-0401

Telephone

Extension

william.j.aila@hawaii.gov

Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Global Island Partnership & Hawaii Green  
1. Donor: Growth Initiative Date Received: 10/13/2012  
Gift (Description): Travel Expenses for Chairman to attend and speak at the Convention on Biological Diversity in Hyderabad, India: (airfare, lodging & food). Value/Cost: 2,330.90
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
3. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_



Check here if additional sheets are attached

## FILER

William J. Aila, Jr.

Print Name of Filer (First M.I. Last)

6/13/2013

Date (m/d/yyyy)



**CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

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